

MAR. 10. 2004 3:29PM 9 SE

RECEIVED
CENTRAL FAX CENTER

NO. 0275 P. 3

MAR 10 2004

OFFICIAL

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0631-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	10/605,335
	Filing Date	September 23, 2003
	First Named Inventor	Frederic WILSON
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	15878-10011

I hereby appoint:														
<input checked="" type="checkbox"/> Practitioners at Customer Number	27526	→												
AND														
<input checked="" type="checkbox"/> Practitioner(s) named below:	Place Customer Number Bar Code Label here													
<table border="1"> <thead> <tr> <th>Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr> <td>Greg Strugalski</td> <td>32,311</td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>			Name	Registration Number	Greg Strugalski	32,311								
Name	Registration Number													
Greg Strugalski	32,311													

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

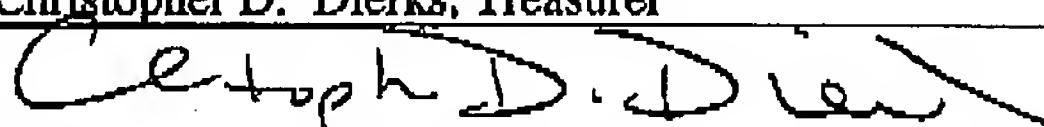
<input type="checkbox"/> Firm or Individual Name	Kyle L. Elliott Blackwell Sanders Peper Martin				
Address	2300 Main Street, Suite 1000				
Address					
City	Kansas City	State	MO	Zip	64108
Country					
Telephone		Fax			

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.7.1.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Christopher D. Dierks, Treasurer
Signature	
Date	11/6/03
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	
<input checked="" type="checkbox"/> *Total of 1 forms are submitted.	

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D.C. 20231
DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231